STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445110	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, COOKEVILLE	815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system. The finding included: Observations revealed oxygen concentrators plugged into power strips in the following rooms: 104, 108, 311, and 312. This finding was acknowledged during the exit interview on 1/21/14.	K 147	(Begin Tag K147) It is the policy of this facility to comply with NFPA 70, National Electric Code 9.1.2. Some of the many ways this has been achieved is our preventative maintenance program identifies and corrects the following items each month: damaged switches, damaged electrical outlets, damaged electrical junction boxes, locked electrical panels, and GFCI testing. Under the supervision of the Plant Operation Director it was determined that only residents residing in rooms 104, 108, 311, and 312 were affected by the cited deficiency. The plant operations director inspected every room and any deficiencies were corrected. To enhance currently compliant operations an informational slide was created on February 13, 2014 and display on all center computer screen savers informing all partners on the importance of not using power strips inappropriately.	2/13/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jeremy Stoner, NHA - Administrator - 2/21/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 3/09/14

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K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system. The finding included: Observations revealed oxygen concentrators plugged into power strips in the following rooms: 104, 108, 311, and 312. This finding was acknowledged during the exit interview on 1/21/14.	K 147	Effective, February 13, 2014 a quality assurance program was implemented under the supervision of the plant operations director to monitor the usage of power-strips. The plant operations director or designated quality-assurance representative will perform the following systematic changes: a review of all patient rooms will be conducted. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action. The Quality Assurance Committee consists of the Medical Director, Director of Nursing, Director of HIM, Director of Dietary and Administrator. END POC K 147	2/13/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] LNHA	Administrator	2/14/2014

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